

M D Homes

Frithwood Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Frithwood Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provided both nursing and personal care and is registered to care for up to 26 people. At the time of our inspection, 26 people were living at the service. All the people were over the age of 65 years and some people were living with the experience of dementia.

People's experience of using this service and what we found

The provider did not always ensure risk management plans had been developed to provide staff with guidance on actions which could mitigate identified risks related to a person's health and wellbeing. When an incident and accident or safeguarding concern occurred the provider did not always identify lessons which could be learned to reduce the risk of reoccurrence.

The provider did not always ensure the home's environment was appropriate to meet people's needs. People's nutritional needs and preferences were not always met. Care plans did not always provide staff with information on people's support needs and their wishes in relation to how their care should be provided. The provider had a range of quality assurance processes, but these were not always robust enough to indicate when improvement was required.

The provider had a robust recruitment process to ensure new staff had the skills and knowledge for the role. Medicines were managed and administered safely and as prescribed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives were happy with the care and support their family members received. People felt the staff were kind and caring and they supported them to make decisions about their care. The provider has a procedure for the investigation of complaints. People's communication support needs were identified. Staff felt supported by the management of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 October 2018).

Why we inspected

We inspected due to the length of time since the last inspection.

Enforcement and Recommendations

We have identified breaches in relation to person centred care, safe care and treatment, premises and equipment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Frithwood Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, nurse specialist inspector and an Expert by Experience. A second Expert by Experience carried out telephone interviews with relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Frithwood Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Frithwood Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager at the home left the service on the 12 October 2023. The provider confirmed the deputy manager would be acting as an interim

manager whilst a new manager was recruited.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people who lived at the home about their experience of the care and 10 family members. We spoke with the manager, deputy manager and 2 staff members and the acting chef. We looked at a range of records which included the care records for 5 people, 4 care workers' files and a range of records including medicines records and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks associated to their health and wellbeing had been identified but risk management plans had either not always been developed or did not include adequate guidance for staff on how to mitigate possible risks. Falls risk assessments had not always been developed for people identified as being at risk of falls to indicate how staff could reduce the risks.
- Risk assessments had been developed for people living with a range of conditions, but some people did not have risk management plans for identified medical conditions. For example, we saw a person was living with a neurological condition and mental health issues. Risk management plans had not been developed for this person in relation to these conditions. The person was also living with other medical conditions and a risk management plan had not been developed and information included in the care plans was generic about the condition and did not relate to the person's experience. This meant the provider could not ensure that people received the appropriate care which reduced possible risks.
- A risk assessment was completed for skin integrity and pressure ulcer management. If a person was identified as being at high risk and required support with repositioning to reduce increased pressure on their skin this was not always included in the care plan.
- A number of people used pressure relieving airflow mattresses to reduce the risk of them developing pressure ulcers or other issues with their skin. The majority worked on an automatic settings system, but we found 3 people had mattresses which needed to be set according to the person's weight. We found all 3 mattresses were incorrectly set for the wrong weight. This could result in the person experiencing increased risk of skin damage occurring.
- People did not always have access to call bells to alert staff that they required assistance. There were no call bells in place in the lounge when people were placed by staff for long periods of time without support during the morning. This was observed during the inspection and confirmed by people in the lounge we spoke with. We also identified people in 12 bedrooms did not have access to a call bell. There was a buzzer on the wall, but people could not reach it. We asked 1 person how they would call for assistance and the person said, "I can't." Another person was observed trying to locate their call bell by pulling the cable from another piece of equipment which resulted in items almost being knocked to the ground. We located the person's call bell under the top of the mattress behind their head which they were unable to reach.
- Staff supported people with painting their nails, but we saw the nail varnish and the acetone remover were stored in an unlocked cupboard in the main lounge. This meant people could access this equipment which can be toxic and placed people at risk. This was raised with the managing director following the inspection who confirmed the items were now kept in a secure cupboard.
- We noted that there were several cans of air fresheners located around the home in corridors and in other communal areas. These were not stored securely, and people could access them. This meant there was a

risk to people who could access them without supervision and cause an injury such as inhale the contents or get it in their eyes.

- The provider had developed personal emergency evacuation plan (PEEP) for each person which identified if a hoist or wheelchair was required but the PEEP did not provide guidance on how to evacuate people from the first floor if there was an issue with their mobility. There was no information on what equipment should be used to get the person down the stairs or if the staff and people on the first floor should use lateral evacuation into a safe area whilst remaining on the first floor. This meant the provider could not ensure staff would use appropriate equipment to evacuate people from the first floor in the case of an emergency.

The provider did not always ensure risks were identified and information provided for staff to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The provider had a procedure for recording incidents, accidents and safeguarding concerns, but they did not identify any lessons which could be learned to reduce future risks.
- We reviewed an incident and accident record which had identified the immediate actions taken but there was no investigation into what caused the incident and accident to enable the provider to implement actions to reduce further risks. This meant that actions had not been identified to enable the care plans and risk assessments to be updated with guidance for staff on how to mitigate possible risks.
- We saw 3 safeguarding concerns had been raised with the local authority, but the records only included copies of correspondence with the local authority. The provider had not carried out a review of the concerns so the possible actions were identified that could mitigate risks.
- The provider did not carry out an analysis of what had happened in relation to the incident and accident or safeguarding which would enable them to identify and implement actions to reduce possible risks.

The provider did not always ensure lessons learned were identified to reduce possible risks following an incident and accidents and safeguarding. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed training on safeguarding adults to improve their awareness of what safeguarding means in relation to providing care. Staff we spoke with demonstrated a good understanding of what safeguarding means and how they can ensure people are protected from abuse.

Staffing and recruitment

- The provider had recruitment process which meant they could ensure new staff had the required knowledge and skills required for the role.
- We reviewed the recruitment records for 4 staff members. The records included at least 2 references which were verified with the person who provided them, the applicants right to work in the United Kingdom and the Disclosure and Barring Service check for criminal convictions. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received a range of comments from people and relatives when asked if they felt there were enough staff. A person commented, "They are short staffed and trying to do 2 things at once. There are not many night staff." Some relatives felt there were enough staff whilst other commented there could be more staff at times. Their comments included, "I think there are enough staff but there have been times when there hasn't been. I can't comment about nights as I have never been there at night", "Sometimes I think they have enough but weekends they have less and it is not enough", and "It is hard for me to tell but it sounds like there isn't [enough staff]."

- Staff told us they thought there were not enough staff on duty with comments including, "For the management they think there is enough but for the staff there are not enough. Most of the residents we have need 2 staff. If there were more then we could spend more time with people" and "We don't have time to sit with people with the number of staff apart from when we are helping with food and we get 11 or 12 minutes to sit with the person."
- There were 5 care workers and a nurse on duty during the day and 2 care workers and a nurse on duty at night to provide support for people living at the home.

Using medicines safely

- People received their medicines as prescribed, in a timely manner and medicines were managed safely. Medicines were stored securely and were kept in their original packaging with the stock levels recorded. Controlled drugs were stored and administered safely and according to legal requirements.
- Staff were provided with guidance as to when a medicine prescribed to administered as and when required (PRN) should be given. We saw that these documents could be written in a more person-centred way as the information was often generic. This was discussed with the deputy manager.
- The PRN guidance for 1 person, who was prescribed a liquid medicine, provided information on the dosage and maximum dose within 24 hours for tablets and not for liquid medicine. Another person did not have PRN guidance in place for staff as they had recently moved into the home but they were having their PRN medicine administered. This was discussed with the deputy manager who confirmed they would review the PRN information to ensure they reflected how a person's medicines should be administered.
- Medicine Administration Records (MAR) included information on any allergies and any guidance from speech and language therapy. People living with diabetes had their blood glucose levels checked routinely before they received insulin. Where a person was living with diabetes and were not controlled with insulin their blood glucose levels were checked weekly.

Preventing and controlling infection

- The provider had an infection prevention and control procedure in place. The home looked clean.
- Personal protective equipment (PPE) was not always stored appropriately. We found aprons were stored over the handrail in the corridor which meant that there was an increased risk of cross infection. Staff had completed infection control training and used PPE in line with current guidance.
- The staff confirmed they cleaned the home, and at the time of the inspection, there were no housekeeping staff. They told us that staff members would provide care in the morning and support with cleaning in the afternoon.
- A relative told us, "The home always smells nice and clean."
- Relatives confirmed they felt welcomed when they visited the home. Their comments included, "I just pop in whenever I can and they are always happy to accommodate me" and "Oh yes, they open the door with a smile."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The environment of the home did not always meet people's individual needs and the provider did not always ensure the environment was suitable.
- The Department of Health and Social Care guidance 'Health Building Note 08-02 Dementia Friendly Health and Social Care Environment' includes guidance on providing people with a suitable environment to meet their changing needs. The home's environment did not follow the guidance for providing a dementia accessible environment. For example, the lounge area was painted in 1 colour with limited items of interest such as artwork and the armchairs were located around the outside of the room, there was limited chance for people to interact.
- There was an unsecured section of carpet on the entrance to the lounge. There was also a missing section of carpet in the entrance to the dining room with a broken piece of flooring. These could cause an increased risk of falls.
- There were 2 areas of missing ceiling in the lounge which exposed pipework and wiring.
- In a corridor used to access stairs and bedrooms there was a bag of floor adhesive and other building materials stored on the floor. There was also a plastic barrier stored against a wall. This equipment caused a trip hazard for both people who were able to mobilise around the home, staff and visitors.
- Bathrooms on the first floor were being used as store rooms for hoists, commodes and bed linen carts. There were also cleaning trolleys which included cleaning liquids. The sluice room and the bathrooms were not secured which meant people and visitors could access these areas. This also meant that there were no bathrooms available on the first floor.

The provider did not ensure the environment of the home was always appropriate and safe to meet people's care and support needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider explained they had started a refurbishment programme and had just replaced the kitchen. The refurbishment plan included painting areas of the home, changing the flooring and creating storage areas.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always offered food which reflected their preferences or in a way they enjoyed.
- A person was being supported in transitioning from receiving nutrition using a PEG to eating pureed food. The person was a vegetarian and the food option they were given was mashed potatoes and whatever the

vegetables for the main meal were pureed. We saw that the meal option for 1 day of the inspection was mashed potatoes, pureed carrot and green beans. The person told us the food they were given was not appetising.

- People told us, "The food has no spice. It is not like the food I eat at home", "The food is adequate but not to my liking, they try", "Food is sometimes good, sometimes not. Can't complain. They bring what they know I want. For the main meal there is no choice" and "Food is ok. Not particularly what I like to eat."
- The menu for the day was displayed in the dining room but this room was not used by people as they ate their meals in the lounge or their bedroom. The staff said they asked people what they wanted to eat but there was no record of their choice. The records of the care provided completed by staff did not always state the person's food choice. The records for 1 person stated for lunch they ate 'main course' but there was no detail and there were 2 meal options.
- The records for another person, who was on a pureed diet, stated that for lunch they had 'puree' but no information on what food was pureed. This meant the provider could not identify what the person had been eating to monitor their food intake to ensure they were not a risk of malnutrition.

The provider did not always ensure people's nutritional preferences were being met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support and care needs were assessed before they moved into the home to ensure they could be met. Following the care needs assessment, the information was used to develop the person's care plan and risk assessments.

Staff support: induction, training, skills and experience

- People received care from staff who had completed a number of training courses and who felt supported in their role. Relatives felt the staff supporting their family member had appropriate training to meet their care needs. Their comments included, "Yes, I think so. The nursing staff are all excellent" and "From what I have seen yes! I have never seen anything I would question."
- Staff completed a range of training courses which included first aid, autism awareness, dementia awareness, communication, and Parkinson's awareness.
- The staff told us they felt supported by the senior staff at the home. New staff completed an induction, so they got to know the people and the home before they started to provide support. Staff also had regular supervision with a senior member of staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare and other services if there was a need identified. There were regular visits from the GP and other healthcare professionals including district nurses and specialist nurses for specific medical conditions with information from these visits recorded.
- Relatives confirmed their family member saw the GP when required and they were informed of the outcome of any GP visit. Relatives comments included, "The doctor comes in once a week", "Yes, they do [tell us about GP visits], they keep me well informed" and "The home is always talking to us."
- Care plans included guidance for staff on how to support the person with their oral care. The care plan identified the level of support the person with cleaning their teeth or dentures. Staff also completed training on oral care and how to support people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a process to ensure care was being provided in line with the principles of the MCA so that it was provided in the least restrictive way possible.
- Mental capacity assessments had been completed if the provider had concerns relating to a person's ability to consent to aspects of their care. If the mental capacity assessment indicated the person could not consent to part of their care a best interest decision was recorded to indicate how the staff could provide this support in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People received their support in a kind and caring manner. People told us they felt the staff who supported them were kind and caring. People said, "They are very good but always too busy" and "They are very kind." Relatives also told us they felt the staff were kind and caring when they supported their family member.
- People's care plans did not always identify the person's religious and cultural preferences. The person's preferred language was identified, and any other languages spoken were also indicated. The manager confirmed Halal food was provided for people living at the home and if they did not have this religious preference people's consent was obtained for them to be served Halal food. The registered manager also confirmed that, at the time of the inspection, there were no visits from faith groups to the home.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to give their views and be involved as much as possible in making decisions about their care. Most relatives confirmed they could not remember if they had been involved with their family member to develop the care plan. Their comments included, "No, I have never had a meeting about a care plan", "I don't know anything about that! I have never seen anything written down" and "I have not seen anything in writing, but I know they have asked me questions". A relative stated they had been asked about family members care needs saying, "I was involved with their care plans from the beginning, the staff are very good."
- Relatives told us that staff asked their family member questions about what they wanted or needed. They told us, "The lead carer has but it is difficult to communicate with [my family member]" and "Yes, there is 1 carer who will do anything for [my family member]."

Respecting and promoting people's privacy, dignity and independence

- People's care was, in general, provided in a way that respected their privacy and dignity. A relative commented, "They are very respectful. They always ask us to leave their room for 5 minutes and shut the door when they are changing [my family member]."
- People were supported to maintain their independence and staff provided additional support when required. Relatives told us, "They try their best" and "[My family member] can't walk and needs help with most things."
- We observed staff ensured people's privacy dignity was maintained when they received support and in communal areas. Staff we spoke with demonstrated a good understanding to how to ensure people received their care in a respectful manner. Staff also explained how they would support people to be as independent as possible to whilst ensuring their care needs were met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans in place, but these did not always provide detailed information for staff on how the person wanted their care provided. The care plan included a list of the care tasks for example, the section on personal care in people's care plans stated staff needed to support them with 'washing, bed bathing, drying, applying creams, dressing, grooming.' There was no information in relation to the person's preferences such as if they would prefer a shower or a bed bath, if there were any shower gels or other specific wishes as to how the care should be provided. This meant that the information provided focused on the care tasks to be provided and not the individual's needs and preferences.
- Where a person required additional support when they became frustrated or unable to express their feelings there was limited information in the care plans for staff on how they could support the person. There was no process for recording people's experiences which could make it difficult for a mental health team to identify and provide necessary support when required.
- The information in some of the care plans was not always person centred. Identical wording described the persons care was used in a number of sections in different people's care plans. For example, we reviewed the care plans for 3 people and found the wording in the activities section which indicated what activities the person enjoyed was identical for all 3 people. We spoke to the relative of 1 person who confirmed what their family member enjoyed doing and this was not reflected in their care plan.
- People were not always provided with a range of meaningful activities which were related to people's interests. During the inspection we observed, on both days, staff brought people into the lounge during the morning and then carried on supporting other people. We saw that people in the lounge were left for up to 2.5 hours without a staff member providing supervision and interaction. The only activity was to watch the television with the channel being controlled by 1 person. There was no planned schedule of activities to enable people to know what was happening and to decide if they wanted to be involved. We saw that when a staff member did sit down with 1 person to help with a colouring activity they were also supporting other people so could not spend meaningful time with the person.
- We asked people about the activities which were being provided and 1 person said, "There is not a lot [of activity]. I sleep and read a paper if there is one. They get the local metro. I would like to do gardening, but it is not feasible or practical. In the lounge just sitting in a chair."
- Relatives told us they felt there were limited activities taking place. Their comments included, "They are just sitting there with a TV on not watching. No activity. [My family member] complains of boredom and is grumpy from it. I would like someone to talk to [my family member]", "[My family member] can't walk and feels cast away in their room 24/7 because there is nothing going on to stimulate them. I take [my family

member] magazines and they have a tv and radio, but they have lots of down time!" and "I am not really aware of any activities."

The provider did not always ensure there was information in care plans for staff reflected the person's wishes and preferences. Activities were not always meaningful and related to things people were interested in. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified. Staff were provided with guidance in the communication care plan which indicated if the person could communicate verbally or not, their preferred language and how staff could use facial expressions to communicate with the person.

Improving care quality in response to complaints or concerns

- The provider had a process for investigating and responding to complaints. At the time of the inspection the managing director confirmed they had not received any complaints since the previous inspection.
- Relatives told us they understood the complaints process. Their comments included, "There is something on the notice board on how to make a complaint. If I needed to complain I am not shy, but I have not needed to" and "I have no complaints but if I did, I would speak to one of the senior people."

End of life care and support

- People's end of life wishes were identified in their care plan. The care plans included information on if the person wished to be resuscitated or not if their health deteriorated. At the time of the inspection the provider was not providing anyone with their end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had a range of audits but these were not always robust enough to identify where actions were required to make improvements. A meal service audit was completed weekly which checked how food was served but there was no feedback from people about the food and where issues were identified no actions were recorded to make improvements.
- Audits were not carried out for care plans and risk assessments to ensure the information reflecting the person's care needs and how they wanted their support was provided for staff. This meant the provider could not ensure how people wanted their care provided was identified to inform staff.
- The provider did not always ensure records were contemporaneous to reflect the care being provided. We observed 1 person was brought into the lounge by a staff member, their breakfast was placed on a table in front of them and the staff member left to carry on their support for other people. No further support was offered to the person even though their care plan stated they needed encouragement to eat and drink. Around 40 minutes later we informed the manager that the person had not eaten or drunk and their breakfast had gone cold. They removed the food and the person stated they did not want anything to eat.
- The records of the care provided for this person completed by a staff member stated they had eaten 50% of their breakfast but the staff member had not seen what had been eaten. We spoke with the staff member who confirmed they did not know what the person was given to eat and how much had been eaten but the person usually ate 50% of their breakfast so that was recorded. The staff member also confirmed this was usual practice as staff were busy providing care so could not check before completing some records. This meant the provider could not ensure the records completed by staff about the care provided were accurate and followed people's care needs.
- The handover sheet used by staff when handing over between shifts was not always accurate to reflect people's care and possible risks. For example, 1 person was living with epilepsy and this information was not included on the handover sheet. The handover sheet had a section listing each person's medical conditions, any risks and if the person required the use of a hoist, their diet and communication but this information did not always reflect the person's needs.
- The provider did not have process to monitor aspects of the care provided relating to specific care needs to ensure they were happening as required or that they were recorded accurately. We saw that where a person's care plan indicated they needed support with repositioning in bed the records of care provided did not show that the person was repositioned in line with the guidance in the care plan. Monitoring was not in place to access catheter output to ensure the person was passing urine as expected, food and fluid intake and output for people at risk.

The provider did not have robust processes to monitor the records relating to care. The provider did not have a process to identify lessons which could be learned following safeguarding, incidents and accidents to reduce possible risks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they had developed a home manager's audit that was first completed in September 2023, which included checks on fire safety equipment, legionella assessments, and electrical equipment safety.
- An audit of the medicines was completed regularly to review the management and administration of people's medicines.
- We saw minutes for a quality and clinical lead meeting with senior staff in September 2023 which covered nutrition, skin viability, falls, safeguarding and medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives confirmed they were happy with the care provided for their family member with comments that included, "I am happy with the care [my family member] receives. The nursing staff are really good, very approachable" and "Yes, I am [happy with their care]".
- Care plans did not always provide information which was person centred but we saw staff had a good understanding of each person's support needs and treated them as an individual with specific needs.
- Relatives told us they and their family member were involved in developing their care plan.
- Staff told us they felt supported by the senior management of the home. A staff member commented, "The office staff are very supportive, and the deputy is very supportive. He has been here for years and has acted up as manager when needed. Staff are comfortable with him."
- Care plans did not always indicate the person's religious and cultural preferences, but their preferred language was identified.
- The manager told us they had organised a meeting with relatives when they started the role. Relatives told us, "The new manager had a big meeting, but only one! I have had meetings with the senior carer", "They hold family meetings during the day so I can't attend" and "I have never been to one, but I have been invited and I have been sent the minutes to one."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager demonstrated they understood what duty of candour means in relation to their role and how care was provided. They told us, "Being transparent and making sure we talk about transparency. We are not only referring to the local authority but transparent to families."
- At the time of the inspection the manager was not registered with the CQC and had been in post for around 3 months. The manager informed us they were leaving the post the day after the inspection. The managing director explained they were in the process of recruiting a new manager but in the interim the deputy manager would be covering the role with support from registered manager from other care homes run by the provider.
- The provider had a range of policies and procedures which were regularly updated to reflect any changes in legislation or good practice.

Working in partnership with others

- The provider worked closely with healthcare professionals and other professional who were involved in people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure the care plans always provided information in a person centered way on how person wanted their care provided. Regulation 9 (1)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure the environment of the home meet people's individual needs and the provider did not ensure the environment was always safe or suitable. Regulation 15 (1)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services. Regulation 17 (1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2)</p>

The enforcement action we took:

We have issued a Warning Notice to the provider to comply with the Regulation by 19 January 2024.